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CONFIRMATION NO. 7516

<b>SERIAL NUMBER</b> 10/830,034	<b>FILING OR 371(c) DATE</b> 04/23/2004 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3771	<b>ATTORNEY DOCKET NO.</b> IMED-0009-US	
<b>APPLICANTS</b> Thomas J. Wood, Blackshear, GA; <b>** CONTINUING DATA *****</b> <i>TKM</i> This appln claims benefit of 60/501,028 09/09/2003 and claims benefit of 60/492,282 08/05/2003 <b>** FOREIGN APPLICATIONS *****</b> <i>TKM</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 06/26/2004</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>TKM</i> Examiner's Signature <i>TKM</i> Initials <i>TKM</i>		<b>STATE OR COUNTRY</b> GA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 33	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 40575					
<b>TITLE</b> Nasal ventilation interface and system					
<b>FILING FEE RECEIVED</b> 567	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		